

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 09, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000083287

1. Entity Name
OAKDALE PROPERTY DEVELOPMENT LLC



Principal Place of Business
**3337 BEVIA ROAD
MARIANNA, FL 32446**

Mailing Address
**P.O. BOX 168
MARIANNA, FL 32447**



02072008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1937019

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MALLOY, F. WAYNE II
4592 BALES DRIVE
MARIANNA, FL 32446**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

00000088386
04/22/08 00011-016 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	MALLOY, F. WAYNE II
STREET ADDRESS	4592 BALES DRIVE
CITY - ST - ZIP	MARIANNA, FL 32446
TITLE	MGRM
NAME	MALLOY, DALLAS C
STREET ADDRESS	336 FT. PICKENS RD. #205
CITY - ST - ZIP	PENSACOLA BEACH, FL 32561
TITLE	MGRM
NAME	BECKHAM, AMENDA M
STREET ADDRESS	710 SIMMONS STREET
CITY - ST - ZIP	ENTERPRISE, AL 36330
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: F. Wayne Malloy II

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/02/08

Date

557-0090

Daytime Phone #